

**State:** District of Columbia **Filing Company:** State Farm Mutual Automobile Insurance Company  
**TOI/Sub-TOI:** H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity  
**Product Name:** Disability Income  
**Project Name/Number:** 2016 HI D292 Postcard /

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company  
Product Name: Disability Income  
State: District of Columbia  
TOI: H14I Individual Health - Hospital Indemnity  
Sub-TOI: H14I.000 Health - Hospital Indemnity  
Filing Type: Form  
Date Submitted: 11/10/2016  
SERFF Tr Num: SFCM-130745389  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: D292.1, ET AL.  
  
Implementation: On Approval  
Date Requested:  
Author(s): Amy Aranda, Michelle McCarthy  
Reviewer(s): Andre Beard (primary)  
Disposition Date:  
Disposition Status:  
Implementation Date:

**State:** District of Columbia **Filing Company:** State Farm Mutual Automobile Insurance Company  
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## General Information

Project Name: 2016 HI D292 Postcard Status of Filing in Domicile: Not Filed  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: Not filed in our state of domicile, Illinois.  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Individual Market Type:  
Overall Rate Impact: Filing Status Changed: 11/10/2016  
State Status Changed:  
Deemer Date: Created By: Amy Aranda  
Submitted By: Amy Aranda Corresponding Filing Tracking Number:  
Filing Description:  
RE: State Farm Mutual Automobile Insurance Company  
NAIC # 176-25178  
FEIN # 37-0533100  
Company Tracking Number: D292.1, et al.

Enclosed in this filing are the following revised and new forms being submitted on behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois. The attached forms are invitation to inquire. These forms are being filed for use in your state and contain information regarding Hospital Indemnity Insurance.

New Form #;Replacing Form#;Form Name;Approval Date;SERFF #  
D292.1;D292;Hospital Income Postcard;06/12/2014;SFCM-129566098  
E908.5; E908.4; Direct Mail Letter; 09/30/2014; SFCM-129731723  
PB06.3;PB06.2;Hospital Indemnity Postcard; 09/30/2014; SFCM-129731723

The changes to these forms, D292.1, E908.5 and PB06.3, include updating the text and the form number.

We are not required to file Hospital Income Marketing material in our domicile state of Illinois.

These materials will be used with Washington DC Hospital Confinement Indemnity Policy 97024 ZDC1, approved on September 12, 2013 under SERFF# STFH-129069997.

The format and colors are variable and may change from year to year.

The anticipated effective date of these forms will be upon your approval.

Thank you for your consideration of this submission. Please feel free to contact me if you have any questions or concerns.

## Company and Contact

### Filing Contact Information

Amy Aranda, Tech - Contracts & Compliance amy.aranda.mz13@statefarm.com

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1 State Farm Plaza 309-994-7434 [Phone]  
Bloomington, IL 61710-0001 309-766-8483 [FAX]

### Filing Company Information

State Farm Mutual Automobile Insurance Company	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code: 176	Company Type:
Laura Walters / Marketing D-3	Group Name:	State ID Number:
Bloomington, IL 61710	FEIN Number: 37-0533100	
(309) 763-8104 ext. [Phone]		

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### Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	State Farm Mutual Automobile Insurance Company
<b>TOI/Sub-TOI:</b>	H14I Individual Health - Hospital Indemnity/H14I.000 Health - Hospital Indemnity		
<b>Product Name:</b>	Disability Income		
<b>Project Name/Number:</b>	2016 HI D292 Postcard /		

## Form Schedule

Lead Form Number: D292.1									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Hospital Income Postcard	D292.1	ADV	Revised	Previous Filing Number:	SFCM-129566098		D292.1 []'d.pdf
						Replaced Form Number:	D292		
2		Direct Mail Letter	E908.5	ADV	Revised	Previous Filing Number:	SFCM-129731723		E908.5 []'d.pdf
						Replaced Form Number:	E908.4		
3		Hospital Indemnity Postcard	PB06.3	ADV	Revised	Previous Filing Number:	SFCM-129731723		PB06.3 []'d.pdf
						Replaced Form Number:	PB06.2		

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# Ducks in a row?

Help protect your financial health.



State Farm Mutual Automobile Insurance Company

D292.1



# Help protect your financial health.

Are your finances in line to pay for medical expenses not covered by your primary insurance if you get sick or injured? Things like deductibles and copays for your primary health insurance, time off of work and extra childcare can really add up. You shouldn't have to worry about money for incidental expenses if you or a loved one is facing hospitalization.

As your State Farm® agent, I'm here to help with Supplemental Medical\* Insurance which pays you a daily benefit amount each day you're hospitalized or need emergency care.

For all the details on coverage, costs, restrictions and renewability, call me at (000)000-0000, email me at [statefarm.agent@statefarm.com](mailto:statefarm.agent@statefarm.com) or stop by my office.

Sincerely,



The purpose of this communication is the solicitation of insurance. Contact will be made by an agent/insurance producer or insurance company.

\*Supplemental Medical is the marketing name for Hospital Income, Hospital Confinement Indemnity and Hospital Indemnity policies. Policy series 97024Z. Policy form in ID is 97024ZID1. Policy form in MT is 97024ZMT2. Policy coverages, exclusions and limitations may vary in some states.

State Farm Mutual Automobile Insurance Company  
Bloomington, IL

D292.1 [statefarm.com](http://statefarm.com)®

Here to help life go right.™



**Agent A. Agentlongname**

Address line one

Address line two if applicable

Anytown, ST 12345

BUS: (123) 456-7890 FAX: (123) 012-3456

[Agent@Agentredirectaddress.com](mailto:Agent@Agentredirectaddress.com)

Lic.# 123456

Sample A. Sample  
1234 Anystreet  
Anytown, US 98765-4321  
XXXXXXXXXXXXXXXXXXXX





Agent A. Agentlongname

Address line one

Address line two if applicable

Anytown, ST 12345

BUS: (123) 456-7890 FAX: (123) 012-3456

Lic.# 1234567



Here to help life go right.™

Sample A. Sample

1234 Anystreet

Anytown, US 98765-4321

XXXXXXXXXXXXXXXXXXXX

The purpose of this communication is the solicitation of insurance.  
Contact will be made by an agent/insurance producer or insurance company.

## Do you have a plan to cover unexpected expenses? I can help.

[Dear Sample,]

While your primary health insurance plan can help pay a large share of your medical costs, additional unexpected expenses can sneak in during emergency care and/or a hospital stay. Expenses like deductible and coinsurance amounts not covered by your primary plan, childcare, meals out, travel costs and pet care services, all add up.

A State Farm® Supplemental Medical<sup>1</sup> policy helps you be prepared for those extra expenses. This policy pays you a daily benefit amount each day you are hospitalized or need emergency care – money you can use any way you choose.

If an unexpected illness or injury happens, I'm here to help make sure money doesn't become an additional worry. Let's talk about the details and benefits of a Supplemental Medical policy. Call me at [(000) 000-0000] email or stop by my office.

Sincerely,

 **Agent A. Agent**  
Agent A. Agent  
Agent@Agentredirectaddress.com

This is a supplement to health insurance and is not a substitute for major medical coverage. Lack of major medical coverage (or other Minimum Essential Coverage) may result in an additional payment with your taxes. If you do not currently have major medical coverage that qualifies as Minimum Essential Coverage under the Affordable Care Act, you are not eligible for this product.

<sup>1</sup>Supplemental Medical is the marketing name for Hospital Income, Hospital Confinement Indemnity and Hospital Indemnity policies. Policy series 97024Z. Policy form number in ID is 97024ZID1. Policy coverages, exclusions and limitations may vary in some states.

If you currently have a health spending arrangement such as a Health Savings Account (HSA), or if you plan to open one in the future, please consult your tax advisor about the features offered in this supplemental medical policy, and the possible tax implications of combining these plans.

Learn more at [statefarm.com](http://statefarm.com)®

State Farm Mutual Automobile Insurance Company  
Bloomington, IL

E908.5

# You focus on getting better.

State Farm Mutual Automobile Insurance Company

PB06.3





# We'll help take care of unexpected expenses.

If you've had a major injury or been laid up in the hospital, it might not be possible for you to take care of responsibilities – like mowing the lawn, walking your dog or feeding your family.

State Farm Mutual Automobile Insurance Company (State Farm®) is here to help. We offer a Supplemental Medical Insurance\* policy that could help you with unexpected expenses not covered by your primary health insurance plan, like:

- Meals out
- Childcare
- Coinsurance amounts
- Travel costs
- Pet care services
- Deductibles

And, if you have kids in sports, they can be covered under this policy too.

Contact your State Farm agent/insurance producer today for a quick quote.

Sincerely,

[]

The purpose of this communication is the solicitation of insurance. Contact will be made by an agent/insurance producer or insurance company.

This is a marketing tool intended for use in the sale of insurance. Completion of an application for a State Farm insurance policy will require contact with a State Farm agent/insurance producer.

\*Supplemental Medical is the marketing name for Hospital Income, Hospital Confinement Indemnity and Hospital Indemnity policies. Policy series 97024Z. Policy form in ID is 97024ZID1. Policy form in MT is 97024ZMT2. Policy coverages, exclusions and limitations may vary in some states.

State Farm Mutual Automobile Insurance Company  
Bloomington, IL

PB06.3 [statefarm.com](http://statefarm.com)®

Here to help life go right.™



**Agent A. Agentlongname**

Address line one

Address line two if applicable

Anytown, ST 12345

BUS: (123) 456-7890 FAX: (123) 012-3456

Agent@Agentredirectaddress.com

Lic.# 123456

[Sample A. Sample  
1234 Anystreet  
Anytown, US 98765-4321  
XXXXXXXXXXXXXXXXXXXX]



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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	Please see attached supporting document. Thank you.
<b>Attachment(s):</b>	Statement of Variability.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

State Farm Mutual Automobile Insurance Company

1 State Farm Plaza (B-1)  
Bloomington, IL 61710-0001

11/09/2016

Re: State Farm Mutual Automobile Insurance Company

NAIC #176-25178

FEIN # 37-0533100

Company Tracking Number: D292.1, et al.

Statement of Variability

Brackets are being used on the following items to denote variable material on D292.1, E908.5 and PB06.3.

The company logo and placement of the logo is subject to change.

The Agent information including signature, address, phone numbers, email address, picture and license number are subject to change.

The customers name and address is also subject to change.

All of these items are subject to change only and are not subject to be removed.

I certify that any change or modification to a variable item shall be administered in accordance with the requirement in the Variability of Information section, including any requirements for prior approval of a change or modification. If there are any changes we will refile these forms and the variable items noted above are the only variable items and language being used on these forms.

Sincerely,

A handwritten signature in black ink that reads "Michelle McCarthy". The signature is written in a cursive, flowing style.

Analyst-L/H Contracts & Compliance

1-309-994-0271

E-mail: Michelle.mccarthy.kgbi@statefarm.com